Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009  Applicant claims small entity status. See 37 CFR 1.27						Complete	e if Known	
					Application Number 10/584,867			
					Filing Date 6/14/2004			
					First Named Inventor Michael Schneider			
					Examiner Name		Dalila Toussaint	
				Art U	Art Unit 1794			
TOTAL AMOUNT OF PAYMENT (\$) 940.			0.00	Attorr	ey Docket	0262 - 06	1920	
METHOD OF PAY	MENT (check al	l that apply)	***					
Check C	redit Card	Money Orde	r 🗌	None	Other (please ide	entify):		
Deposit Accoun	nt Deposit Accou	nt Number:	23	3-0650	Deposit Accoun	t Name: The	Webb Law Firr	n
For the abo	ve-identified dep	osit account, t	he Dire	ctor is hereby	authorized to: (cl			
Char	ge fee(s) indicate	d below			Charge fee	e(s) indicated b	elow, except for the	e filing fee
	ge any additional		paymen	ts of fee(s)	Credit any	overpayments	1	
unde WARNING: Information	er 37 CFR 1.16 an on this form may be		edit card	information shou	-			
information and authoriza		1						
EEE CALCULATIO	N (All the fees b	elow are due	upon fi	lling or may b	e subject to a su	ırcharge.)		
1. BASIC FILING,					777.13.677.1			
FILING FEES SEARCH I <u>Small Entity</u> <u>Smal</u>				RCH FEES  Small Entity				
Application Typ			Fee (\$)		Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	330	82	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM	1 FEES							Small Entity
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							52	26
Each independent cla	,	ding Reissues)					220	110
Multiple dependent o				E (0)	E D 11(0)		390	195
Total Claims 9 -	$\frac{-20 \text{ or HP}}{20} =$	Extra Claim 0		<u>Fee (\$)</u>	Fee Paid (\$)		<u>Multiple 1</u> Fee (\$)	Dependent Clain Fee Paid (S
HP = highest number			<b>X</b> 1 20.				<u> </u>	ree raid (
Indep. Claims	- 3 or HP	Extra Claim	e	Fee (\$)	Fee Paid (\$)			_
2 -	3 =	0	<u>s</u> x	<u>rcc (y)</u>	rec i aid (b)			
HP = highest number				3.				
3. APPLICATION		1100 1				~1 ·1	. 4	
							ce or computer listi I 50 sheets or fraction	
See 35 U.S.	C. 41(a)(1)(G) ar	nd 37 CFR 1.10	6(s).	•	• /			
Total Sheets	Extra She				itional 50 or fra		<del></del>	Fee Paid (\$)
	00 =	/ 50 =		(roun	d up to a whole nu	mber) x	·	=
4. OTHER FEE(S)		#100 C	44	40				Fees Paid (§
Non-English S	_	•		ntity discount		2		ΦΩ4Ω ΩΩ
Otner (e.g., lat	e ming surcharge	e): one-month	rennor	I IOI EXICHSIO	of Time & RCI	÷		\$940.00
SUBMITTED BY								· · · · · · · · · · · · · · · · · · ·
Signature	Will	_//	1		egistration No.	22 132	Telephone 4	112-471-8815
Signature Name (Print/Type)	William H	Logsdon	D.		Attorney/Agent)	22,132	<del></del>	112-471-88 nber 10, 20